

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jose Moises Martinez  
Name

(2) 1650 w 44th pl APT 117  
Address (number and street)

Hialeah, FL, 33012  
City, State, Zip Code

**OFFICE USE ONLY**

MAY 19 20 10:12 AM

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: City Council Group 5

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 04 / 01 / 2020 To 04 / 30 / 2020 Report Type: M4-2020

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 10.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 325.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 10.00

### (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Daysi Martinez  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X Daysi Martinez  
Signature

(Type name) Jose Martinez  
 Candidate  Chairperson (only for PC and PTY)

X Jose Martinez  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Jose Moises Martinez (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 1 01 2020 through 04 30 2020 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type   Occupation |                       | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|--|---|-----------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |   |                       |                             |                                |                   |                |
| 04, 15, 2020<br>1         | Jose Martinez<br>1650 w 44th pl<br>Apt 117 Hialeah,<br>FL, 33012                               | I                                       | Bread<br>Distribution | check                       |                                | DEL               | \$100.00       |
| 04, 15, 2020<br>2         | Jose Martinez<br>1650 w 44th pl<br>Apt 117 Hialeah,<br>FL, 33012                               | I                                       | Bread<br>Distribution | check                       |                                | ADD               | \$100.00       |
| 1 1                       |  |   |                       |                             |                                |                   |                |
| 1 1                       |  |   |                       |                             |                                |                   |                |
| 1 1                       |  |   |                       |                             |                                |                   |                |
| 1 1                       |  |   |                       |                             |                                |                   |                |
| 1 1                       |  |   |                       |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jose Moises Martinez (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 04/01/2020 through 04/30/2020 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 04/30/2020<br>1           | Wells Fargo Bank<br>4299 NW 36th St<br>Miami Springs, FL, 33166                                | Monthly<br>Service<br>Fee  | Petty<br>cash<br>spent     | DEL               | \$10.00        |
| 04/30/2020<br>2           | Wells Fargo Bank<br>4299 NW 36th St<br>Miami Springs, FL, 33166                                | Monthly<br>Service<br>Fee  | Petty<br>cash<br>spent     | ADD               | \$10.00        |
| 1/1                       |  |  |                            |                   |                |
| 1/1                       |  |  |                            |                   |                |
| 1/1                       |  |  |                            |                   |                |
| 1/1                       |  |  |                            |                   |                |
| 1/1                       |  |  |                            |                   |                |
| 1/1                       |  |  |                            |                   |                |